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03/08/2006 DJACOBS 00000002 230804 10659063

01 FC:2253 510.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 659 063

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | 13 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 13 minus 20 = | |
| INDEPENDENT CLAIMS | 4 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 13 | 20 | - |
| Independent | 1 | 4 | - |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 7 | 20 | 0 |
| Independent | 1 | 3 | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 12 | 20 | - |
| Independent | 5 | 3 | - |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY

| RATE | FEE | OR | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| X3 9= | | OR | X3 18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL | 385 | OR | TOTAL | |

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X3 9= | | OR | X3 18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X3 9= | | OR | X3 18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X3 9= | | OR | X3 18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

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CENTRAL FAX CENTER****MAR 06 2006****FACSIMILE COVER SHEET****DATE:** March 6, 2006**TO:** Examiner Michael C. Henry
TC Art Unit: 1623**Fax No.:** (571) 273 8300**FROM:** Holliday C. Heine, Ph.D.**No. of pages transmitted
(including this page):** 8**Our File:** UPITT-008XX**Time:****Your Ref:** Application No. 10/659,063
Filed Date: September 10, 2003
Confirmation No.: 3827**Sent by:** Rose

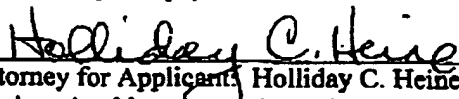
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PLEASE DELIVER DIRECTLY TO:
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TC ART UNIT NO: 1623

FOR ENTRY

Enclosed for filing please find a: Response to Office Action including a
Request for 2 months Extension of Time

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional
filing fees associated with this communication or credit any overpayment.


Attorney for Applicant: Holliday C. Heine, Ph.D.
Registration No. 34,346

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